



GLENDALE CARE PROGRAM



1. CUSTOMER INFORMATION

Name on GWP Account:	Age:
Address:	
GWP Account Number:	
Daytime Contact:	Phone: ()

2. OTHER RESIDENTS LIVING IN THE HOME

Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

3. PUBLIC ASSISTANCE PROGRAMS BENEFITS RECEIVED

If you, or someone in your household, receives benefits from any of the programs listed below, please check the box and **provide a copy of your benefit card or other proof** of current period enrollment for programs checked. Please read page 2 for more information.

<input type="checkbox"/> Medi-Cal: Under 65 of age	<input type="checkbox"/> CalFresh (Food Stamps)	<input type="checkbox"/> Medi-Cal for Families	<input type="checkbox"/> WIC
<input type="checkbox"/> Medi-Cal: 65 or older	<input type="checkbox"/> TANF (AFDC)	<input type="checkbox"/> Section 8/HUD	<input type="checkbox"/> LIHEAP

If NONE of the above apply to you, please complete section 4 below.

4. SOURCE OF INCOME (Skip if you completed Section 3)

Please check the appropriate box for all sources of income for all persons in your household and **provide current documents** for all sources checked below. Read page 2 for more information.

<input type="checkbox"/> SSA, SSI, SSP, SSDI	<input type="checkbox"/> Wages or Salaries	<input type="checkbox"/> Interest, Dividends, Annuities
<input type="checkbox"/> Pensions	<input type="checkbox"/> Unemployment Benefits	<input type="checkbox"/> Rental or Royalty Income
<input type="checkbox"/> Family Support	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Profit and Loss Statement
<input type="checkbox"/> Spousal or Child Support	<input type="checkbox"/> Scholarships, Grants	<input type="checkbox"/> Cash or other income

5. HOUSEHOLD INCOME (Please fill in the total household income)

My total gross annual household income is:	\$
Total number of people living in my home, including myself:	

INCOME ELIGIBILITY GUIDELINES

Number of Household Members	Maximum Gross Annual Income
1-2	\$31,860
3	\$40,180
4	\$48,500

For each additional household member add \$8,320

6. DECLARATION (Please read and sign below)

I certify under penalty of perjury that the information I have provided is true and correct. I agree to inform GWP within 30 days if I no longer qualify to receive the discount. I understand that if I received this discount without qualifying for it, I may be required to pay back the discount I received. I understand that GWP can share my information with other utilities or agents to enroll me in their assistance programs.

Customer Signature

Date

GLENDALE CARE INFORMATION SHEET

Glendale Water & Power's Care Program provides low-income households a \$13.00 discount per month on their electric bill. The discount will be applied once your completed and signed application is approved by GWP. Please allow at least 30-60 days for processing your application. Your discount will be on the first bill after your application is approved and will be prorated.

CONDITIONS FOR PARTICIPATING

- Applicant must be the primary account holder.
- Name on GWP account must match the name on this application and must be a full time household resident.
- Applications submitted by co-signers are not accepted.
- You must not be claimed as a dependant on another person's income tax return.
- You must recertify when requested.
- You must reapply and provide income documents each time you move.
- You must provide documentation of your application will not be processed.

SOURCE OF INCOME INFORMATION

Medi-Cal - Provide copy of your benefit card.

CalFresh - Provide copy of your Advantage Card or Verification of Benefits letter. The letter needs to include total monthly benefits for current period. These forms are available from the Department of Public Social Services.

TANF - Provide a document showing your enrollment in the program.

Medi-Cal for Families - Provide a current period Medi-Cal statement.

LIHEAP - Provide a current period approval letter for the program.

WIC - Provide a copy of the front of your enrollment booklet.

Section 8 or HUD - Provide your most recent annual award letter showing your enrollment in the program. You may obtain this letter from Glendale Community Development Department.

SSI and/or SSA - Provide a document showing your current monthly benefit amount from the Social Security Administration. You can request the letter by contacting Social Security Office at (800) 772-1213.

Pension, Annuity, Scholarship, Grant, Rental or Royalty Income - Provide a copy of your statement showing the amount.

Family Support - Financial Support provided by friends or family is considered income and may be documented by obtaining a "Financial Support" by calling (818) 548-3368.

Spousal or Child Support - Provide a copy of your current statement showing the amount of support.

Wages or Salaries - Provide three most current pay stubs. You may provide a letter from your employer stating your monthly gross income. If you are self-employed, contact us at (818) 548-3368 to obtain a Profit and Loss Statement. We don't accept tax returns/forms, bank statements, or checks.

Unemployment Benefits - Provide your statement or three most current pay stubs.

Zero Income - Provide a current Notice of Action letter indicating zero income from Department of Public Social Services. If you are over the age of fifty, please contact the Social Security Office to obtain a Zero Income letter. If you are under the age of fifty, please call our office at (818) 548-3368 for an acceptable form.

Cash and other income - Provide a letter from your employer stating your monthly gross income if you receive cash. For other income not listed here please call us at (818) 548-3368.

Glendale Water & Power
Conservation and Utility/Business Modernization Division
141 N. Glendale Ave., Level 2
Glendale, CA 91206-4496

(818) 548-3368

www.GlendaleWaterAndPower.com